

FILED  
May 18, 2001 8:00 am  
Secretary of State

05-18-2001 91579 008 \*\*\*150.00

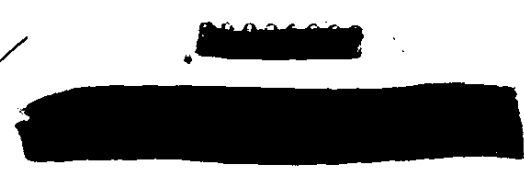
FILE NOW. FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 2001	FLORIDA DEPARTMENT OF STATE Sandra S. Martham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P980000045704  
CORPORATION NAME FAV INC.

Principal Place of Business Mailing Address  
90 MERRICK AVE.  
EAST MEADOW, NY 11554



DO NOT WRITE IN THIS SPACE

21 Principal Place of Business	22 Mailing Address
26 Sute, Apt. #, etc.	27 Sute, Apt. #, etc.
23 City & State	24 City & State
25 Zip	26 Country
27 Zip	28 Country

3. Date Incorporated or Qualified 5-20-98	4. FEI Number 22-3599875	Added For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
SAPIR, M. RICHARD  
KAYE ISCHOUER FERMAN, HANSE HANJER  
777 SO. FLAGLER DR.  
WEST TOWER STE 1002  
W. PALM BEACH, FL 33401

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] DATE: 4/23/01

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	FRANK PAPPACODA
STREET ADDRESS	27 PENINSULA DR
CITY - ST - ZIP	BABYLON N
TITLE	S <input type="checkbox"/> DELETE
NAME	VINCENT FERRARA
STREET ADDRESS	141-11 11TH AVE
CITY - ST - ZIP	MALBA NY Malba, N.Y.
TITLE	VP <input type="checkbox"/> DELETE
NAME	ANTHONY CANTANO Civitano
STREET ADDRESS	165 PACE DR
CITY - ST - ZIP	WEST ISLIP NY
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
1.2 NAME	
1.3 STREET ADDRESS	547 KIME AVE.
1.4 CITY - ST - ZIP	W. ISLIP, NY 11795
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: [Signature] 4-20-01 516 512-1023